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CONFIRMATION NO. 3636

<b>SERIAL NUMBER</b> 10/603,500	<b>FILING OR 371(c) DATE</b> 06/24/2003 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2616	<b>ATTORNEY DOCKET NO.</b> CISCP109C1/7872
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/281,621 03/30/1999 PAT 6,618,377

OK Am-s

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

none Am-s

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 10/03/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 7
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

**ADDRESS**

22434

**TITLE**

Flexible scheduling of network devices within redundant aggregate configurations

<b>FILING FEE RECEIVED</b> 1482	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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